

**Governor's Office Internship Application
Capitol Office**



<p>Please complete and return to:</p> <p>Attention: Intern Coordinator Capitol, 300 SW 10th Ave., Ste. 264W Topeka, KS 66612-1590</p> <p>Questions about the application E-mail: intern.coordinator@ks.gov</p>	<p>Application Checklist:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Internship Application <input type="checkbox"/> Current Resume <input type="checkbox"/> Signed and Dated Rules Consent Form <input type="checkbox"/> Two Letters of Recommendation (One from a Teacher ^{Coach}) <input type="checkbox"/> Additional Writing Sample (Optional) <input type="checkbox"/> Statement of Interest
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BIOGRAPHICAL INFORMATION

<p>Name:</p>	<p>Social Security Number:</p>
<p>Current Address:</p>	<p>Date of Birth:</p>
<p>Permanent Address:</p>	<p>Gender: Male Female</p>
<p>E-mail:</p>	<p>Rank the top 5 areas for which you would like to apply:</p>
<p>Primary Telephone Number:</p>	<p>Governor's Office</p> <p>_____ Boards & Commissions</p> <p>_____ Budget</p> <p>_____ Constituent Services</p> <p>_____ Communications</p> <p>_____ Legal</p> <p>_____ Lieutenant Governor's Office</p> <p>_____ Policy</p>
<p>Secondary Telephone Number:</p>	<p>_____ Department of Aging</p> <p>_____ Department of Administration</p> <p>_____ Department of Agriculture</p> <p>_____ Department of Commerce</p> <p>_____ Department of Corrections</p> <p>_____ Department of Health & Environment</p> <p>_____ Department of Labor</p> <p>_____ Department of Revenue</p> <p>_____ Department of Social & Rehabilitation Services (SRS)</p> <p>_____ Department of Transportation</p> <p>_____ Department of Kansas Wildlife & Parks</p> <p>_____ Kansas Adjutant General</p> <p>_____ Kansas Highway Patrol</p> <p>_____ Kansas Juvenile Justice Authority</p> <p>_____ Kansas Securities Commission</p>
<p>College/University:</p>	
<p>Year in School:</p>	
<p>Desired Internship Session:</p> <p><input type="checkbox"/> Spring Session (January - May)</p> <p><input type="checkbox"/> Summer Session (May - August)</p> <p><input type="checkbox"/> Fall Session (August - December)</p>	

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ACADEMIC INFORMATION

Do you seek academic credit for this internship: <input type="checkbox"/> Yes <input type="checkbox"/> No	5 WUXYa JWA U'c ffgk:
5 Xj Jgc fBj BUa Y:	; D5 :
8 Untja Y'D\ cbY:	E-mail:

REFERENCES

Please list 2 individuals who will be writing your letters of recommendation	
Academic Reference	Character Reference (community/volunteer/work/activity related)
Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:
<i>Please attach two sealed letters of recommendation and submit with application materials.</i>	

PARENT/GUARDIAN INFORMATION

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:
<i>Please include a current copy of your resume. One additional writing sample may be sent for consideration at the discretion of the applicant.</i>	

Kansas Governmental Rules and Regulations Consent

If selected, I hereby agree to abide by the rules and regulations for Kansas Governmental Employees and the office of Kansas Governor Sam Brownback.

Signature:	Date: